

015- 5014

57268

STATE WATER RESOURCES CONTROL BOARD
STATE DEPARTMENT OF HEALTH

PRODUCER OF WASTE (Must be filled by producer)

Name _____
[PRINT OR TYPE] CODE NO. [] [] [] []

Pick up Address: _____
[NUMBER] [STREET] [CITY]

Telephone Number: () _____ O. or Contract No.: _____

Order Placed By: _____ Date: _____

Type of Process
which Produced Wastes: _____
(Examples: metal plating, equipment cleaning, oil drilling
wastewater treatment, pickling bath, petroleum refining)

CODE NO. [] [] [] []

DESCRIPTION OF WASTE (Must be filled by producer)	
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Check type of wastes:

1. <input type="checkbox"/> Acid solution	6. <input type="checkbox"/> Tetraethyl lead sludge	11. <input type="checkbox"/> Contaminated soil and sand
2. <input type="checkbox"/> Alkaline solution	7. <input type="checkbox"/> Chemical toilet wastes	12. <input type="checkbox"/> Cannery waste
3. <input type="checkbox"/> Pesticides	8. <input type="checkbox"/> Tank bottom sediment	13. <input type="checkbox"/> Latex waste
4. <input type="checkbox"/> Paint sludge	9. <input type="checkbox"/> Oil	14. <input type="checkbox"/> Mud and water
5. <input type="checkbox"/> Solvent	10. <input type="checkbox"/> Drilling mud	15. <input type="checkbox"/> Brine

☒ Other (Specify) ALUMINUM OXIDES & WATER

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 CODE NO.

Components:		Concentration:		CODE NO.	
(Examples: Hydrochloric acid, lime, caustic soda, phenolics, solvents (list), metals (list), organics (list), cyanide)		Upper	Lower	%	ppm
1.					
2.					
3.					
4.					
5.					
6.					

Hazardous Properties of Waste: pH 7-9 ☒ none ☐ toxic ☐ flammable ☐ corrosive ☐ explosive

Bulk Volume: QTY ☐ gal ☐ tons ☒ barrels (42 gal.) ☐ other SPECIFY

Containers: _____ ☐ drums ☐ cartons ☐ bags ☒ other Truck
 _____ **NUMBER** _____ **INSPECT**

Physical State: ☐ solid ☒ liquid ☒ sludge ☐ other SPECIFYSpecial Handling Instructions (if any): _____

NONE

The waste is described to the best of my ability and it was delivered to a licensed liquid waste hauler (if applicable).

I certify (or declare) under penalty of perjury
that the foregoing is true and correct.

Theresa O. Force Shift Supervisor
SIGNATURE OF AUTHORIZED AGENT AND TITLE

HAULER OF WASTE (Must be filled by hauler)

ASBURY OIL CO.
13419 Halldale Ave., Gardena, California 90249
Phone: (213) 321-1392

SFUND RECORDS CTR
999000796

CODE NO.		

Pick Up: 6-6-80 Time: _____ (am) _____ (pm)
(DATE)

State Liquid Waste Hauler's Registration No. (if applicable): 15

Job No.: _____ No. of Loads or Trips: _____ Unit No. 4

Vehicle: ☒ vacuum truck 100 barrels, ☐ flatbed, ☐ other _____ (SPECIFY)

The described waste was hauled by me to the disposal facility named below and was accepted.

I certify (or declare) under penalty of perjury
that the foregoing is true and correct.

Phillip Talley
SIGNATURE OF AUTHORIZED AGENT AND TITLE

DISPOSER OF WASTE (Must be filled by disposer)

Name (print or type): Operative Indefinite

Site Address: Monte Ray li

The hauler above delivered the described waste to this disposal facility and it was an acceptable material under the terms of RWQCB requirements, State Department of Health regulations, and local restrictions.

Quantity measured at site (if applicable): _____ State fee (if any): _____

Handling Method(s):

☐ recovery
☐ treatment (specify): _____ CODE NO. _____
 (EXAMPLES: INCINERATION, NEUTRALIZATION, PRECIPITATION)
☐ disposal (specify): ☐ pond ☐ spreading ☐ landfill ☐ injection well
☐ other (specify): _____ CODE NO. _____

If waste is held for disposal elsewhere specify final location: _____

Disposal Date: 6-7-00

I certify (or declare) under penalty of perjury
that the foregoing is true and correct.

[Signature]
SIGNATURE OF AUTHORIZED AGENT AND TITLE

The site operator shall submit a legible copy of each completed Record to the State Department of Health with monthly fee reports.

FOR INFORMATION RELATED TO SPILLS OR OTHER EMERGENCIES INVOLVING
HAZARDOUS WASTE OR OTHER MATERIALS CALL (800) 424-9300.

D.O.T. Proper Shipping Name _____

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